

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27085**

Registration District No. **1791**

Primary Registration District No. **1003**

Registrar's No. **6877**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8-9-41 to 8-10-41
(Specify whether
In this community 10:00 pm until 2:00 am
years, months or days)

3. (a) PRINT FULL NAME Wilson, Dona Key

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 9 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 10 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Grove Spring, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name ORUS

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Donna Mosely

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mother

(b) Address 500. S. Kings Highway

17. (a) Removal (b) Date thereof 8-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MANUS MO.

18. (a) Signature of funeral director Barber

(b) Address Monterey, Mo.

19. AUG 25 1941 (b) Q. T. Braker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 112
(c) City or town Belknap
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1120
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1941 hour 2:10 minute A M.

21. I hereby certify that I attended the deceased from 8-9, 1941, to 2:10 8-10, 1941;
that I last saw her alive on 8:00 AM 8-10, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 wks

Due to Chronic glomerulonephritis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: _____

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature R. J. Braker (M. D. or other) D

Address 500. S. Kings Highway Date signed _____

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.